

Revision: HCFA-PM-92- 2
MARCH 1992

(HSQB)

State/Territory: Arizona

<p><u>Citation</u></p> <p>Sections 1919(b)(3) and 1919 (e)(5) of the Act</p> <p>1919(e)(5) (A) of the Act</p> <p>1919(e)(5) (B) of the Act</p>	<p><u>4.41 Resident Assessment for Nursing Facilities</u></p> <p>(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.</p> <p>(b) The State is using:</p> <p style="margin-left: 40px;"><u>X</u> the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the <u>State Operations Manual</u>) [<u>§1919(e)(5)(A)</u>]; or</p> <p style="margin-left: 40px;">_____ a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the <u>State Medicaid Manual</u> for the Secretary's approval criteria) [<u>§1919(e)(5)(B)</u>].</p>
--	--

TN No. 92-20

Supersedes

TN No. None

Approval Date 2/19/93

Effective Date 10/1/92

HCFA ID: _____